MANORCARE HEALTH SERVICES - EAST

600 SOUTH WEBSTER AVENUE

GREEN BAY 54301 Phone: (920) 432-3213 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled al? No Operate in Conjunction with CBRF? No (12/31/02): 79 Title 18 (Medicare) Certified? Yes /02): 79 Title 19 (Medicaid) Certified? Yes 59 Average Daily Census: 64 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/02): 79 Total Licensed Bed Capacity (12/31/02): 79 Number of Residents on 12/31/02:

\* Services Provided to Non-Residents | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | Length of Stay (12/31/02) % Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services No | Developmental Disabilities 0.0 | Under 65 15.3 | More Than 4 Years No | Mental Illness (Org./Psy) 15.3 | 65 - 74 10.2 | Day Services Yes| Mental Illness (Other) 5.1 | 75 - 84 Respite Care Yes| Mental Illness (Other) 5.1 | 75 - 84 No | Alcohol & Other Drug Abuse 0.0 | 85 - 94 35.6 | Adult Day Care 32.2 | \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* No | Para-, Quadra-, Hemiplegic 5.1 | 95 & Over 6.8 | Full-Time Equivalent Adult Day Health Care ---- | Nursing Staff per 100 Residents Congregate Meals No | Cancer 1.7 | 5.1 No | Fractures 100.0 | (12/31/02) Home Delivered Meals No | Cardiovascular Other Meals No | Cerebrovascular Transportation 5.1 | Sex % | LPNs Yes| Diabetes Referral Service 10.2 Yes| Respiratory 3.4 | ----- | Nursing Assistants, Other Services Other Medical Conditions 28.8 | Male 40.7 | Aides, & Orderlies 35.9 Provide Day Programming for ----- | ----- | Mentally Ill ---- | Female 59.3 | Provide Day Programming for 100.0 I Developmentally Disabled Yes| 100.0 | \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## Method of Reimbursement

	Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care								
Level of Care	No.	00	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Tota: Resident	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	10	100.0	309	30	100.0	97	4	100.0	127	12	100.0	128	0	0.0	0	3	100.0	315	59	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	10	100.0		30	100.0		4	100.0		12	100.0		0	0.0		3	100.0		59	100.0

MANORCARE HEALTH SERVICES - EAST

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Admissions, Discharges, and	I	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02									
Deaths During Reporting Period											
					% Needing		Total				
Percent Admissions from:		Activities of	양	As	sistance of	% Totally	Number of				
Private Home/No Home Health	6.4	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents				
Private Home/With Home Health	0.5	Bathing	5.1		59.3	35.6	59				
Other Nursing Homes	2.3	Dressing	8.5		69.5	22.0	59				
Acute Care Hospitals	88.1	Transferring	13.6		69.5	16.9	59				
Psych. HospMR/DD Facilities	0.9	Toilet Use	13.6		72.9	13.6	59				
Rehabilitation Hospitals	0.5		49.2		35.6	15.3	59				
Other Locations	1.4	*****	*****	*****	*****	******	******				
Total Number of Admissions	218	Continence		용	Special Treatme	ents	%				
Percent Discharges To:		Indwelling Or Extern		1.7	Receiving Re	spiratory Care	8.5				
Private Home/No Home Health	33.5	. 1		11.9	_	acheostomy Care	1.7				
Private Home/With Home Health	10.9	Occ/Freq. Incontinent	t of Bowel	6.8	Receiving Su	ctioning	1.7				
Other Nursing Homes	4.1				Receiving Ost	comy Care	1.7				
Acute Care Hospitals	23.5	-			Receiving Tul	oe Feeding	5.1				
Psych. HospMR/DD Facilities	0.9	Physically Restraine	d	1.7	Receiving Med	chanically Altered Diet	s 28.8				
Rehabilitation Hospitals	0.0										
Other Locations	8.1					Characteristics					
Deaths	19.0			5.1	Have Advance	Directives	100.0				
Total Number of Discharges	١	With Rashes		3.4	Medications						
(Including Deaths)	221				Receiving Ps	ychoactive Drugs	22.0				

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		Ownership:			Size:	Licensure:				
	This	Proj	prietary	50	-99	Skilled		Al	1	
	Facility	Peer Group		Peer Group		Peer Group		Facilities		
	%	90	Ratio	90	Ratio	용	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	81.0	84.7	0.96	87.1	0.93	85.3	0.95	85.1	0.95	
Current Residents from In-County	79.7	81.6	0.98	81.5	0.98	81.5	0.98	76.6	1.04	
Admissions from In-County, Still Residing	10.1	17.8	0.57	20.0	0.50	20.4	0.49	20.3	0.50	
Admissions/Average Daily Census	340.6	184.4	1.85	152.3	2.24	146.1	2.33	133.4	2.55	
Discharges/Average Daily Census	345.3	183.9	1.88	153.5	2.25	147.5	2.34	135.3	2.55	
Discharges To Private Residence/Average Daily Census	153.1	84.7	1.81	67.5	2.27	63.3	2.42	56.6	2.71	
Residents Receiving Skilled Care	100	93.2	1.07	93.1	1.07	92.4	1.08	86.3	1.16	
Residents Aged 65 and Older	84.7	92.7	0.91	95.1	0.89	92.0	0.92	87.7	0.97	
Title 19 (Medicaid) Funded Residents	50.8	62.8	0.81	58.7	0.87	63.6	0.80	67.5	0.75	
Private Pay Funded Residents	20.3	21.6	0.94	30.0	0.68	24.0	0.85	21.0	0.97	
Developmentally Disabled Residents	0.0	0.8	0.00	0.9	0.00	1.2	0.00	7.1	0.00	
Mentally Ill Residents	20.3	29.3	0.69	33.0	0.62	36.2	0.56	33.3	0.61	
General Medical Service Residents	28.8	24.7	1.17	23.2	1.24	22.5	1.28	20.5	1.41	
Impaired ADL (Mean)	52.2	48.5	1.08	47.7	1.09	49.3	1.06	49.3	1.06	
Psychological Problems	22.0	52.3	0.42	54.9	0.40	54.7	0.40	54.0	0.41	
Nursing Care Required (Mean)	7.0	6.8	1.03	6.2	1.12	6.7	1.04	7.2	0.97	